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7590

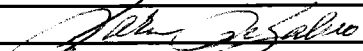
06/21/2010

Ronald J. Baron
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6900 Jericho Turnpike
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I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via the Office's electronic filing system on September 21, 2010

Karen DeSalvo	(Depositor's name)
	(Signature)
September 21, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/577,573

12/22/2006

Iwao Ojima

178-330 PCT/US

6749

TITLE OF INVENTION: TAXOID-FATTY ACID CONJUGATES AND PHARMACEUTICAL COMPOSITIONS THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/21/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
COVINGTON, RAYMOND K	1625	549-510000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

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- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hoffmann & Baron, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Research Foundation of State University of New York

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Albany, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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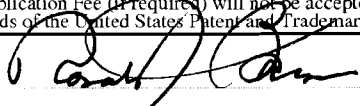
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2461 (enclose an extra copy of this form).

5 Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

September 21, 2010

Typed or printed name

Ronald J. Baron

Registration No.

29,281

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